



Service Employees International Union – Oregon State Council
6401 SE Foster ▪ Portland, OR 97206

March 3, 2021

Chair Sanchez and Members of the Committee,

For the record, my name is Paula Peña. I am a member of SEIU 503 and hold leadership roles within the organization, including Region 1 Director for SEIU 503 and CoChair for the Indigenous Peoples Caucus and the Women of Color Caucus. I work at the Oregon Department of Education. I am here to speak in support of HB 2949.

My family is Mexican, Indigenous, and Catholic. I have faced significant challenges finding culturally appropriate mental health care and other social emotional supports for two of my sons. I want to tell you about one of these experiences because I feel it shows how much we need to invest in making our mental health care system work for all Oregonians who are People of Color. Especially our Latin and Indigenous communities.

The third of my five sons is 18 years old now. When he was about 13 years old, I started to notice that he was overeating and gaining weight. Then he would go days without eating. The pattern continued, and when he was 16 year old the issues spiraled out of control. He was diagnosed with anorexia, bulimia, and body dysmorphia. He also struggles with alcohol, drug, and sex addiction. His pediatrician at Kaiser is wonderful; he is male and Hispanic, and he connected us with resources to get help. My son was approved for a treatment program in Portland for adolescents. However, when my son tried to access treatment, we found that the mental health providers who treat teenagers who have eating disorders are solely Anglo-Caucasians and female. There was not a single male provider who was a person of color at the treatment center. The providers who were there just could not connect with my son. As he told me, “why am I going to ask for help if the only people available do not understand what it is like to be a Mexican Indigenous male with light skin.” As a mother, it is heartbreaking to seek help for my child and encounter a system that is not equipped to see and understand him as a whole person, including how his culture and his religion affect his experience in our community and world. We have continued to search for help, and our best source of support has been from community resources, not mental health treatment providers.

Our mental health care system needs to include therapists and counselors who look like my sons, their father, and me, and who have the cultural knowledge and skills to understand and relate to our life experiences. We need to attract a more diverse group of mental health providers and ensure that they are encouraged to stay in the field.

I ask that you support HB 2949 to invest in making our mental health care system work for BIPOC Oregonians.